

FIG. 1C

If the Group has > 100 employees and has no claim records in the system then data is entered off of the Employee Data Survey

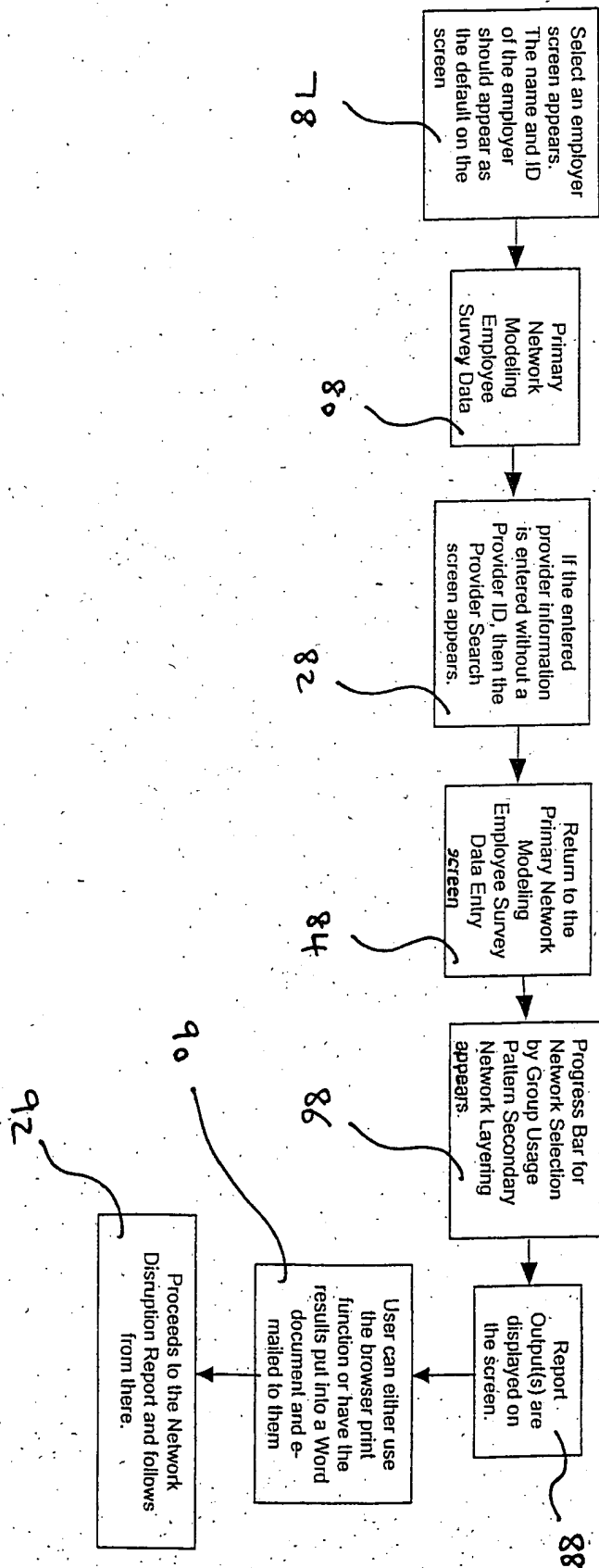


FIG. 2

Despite the number of employees and or whether there are claim records:

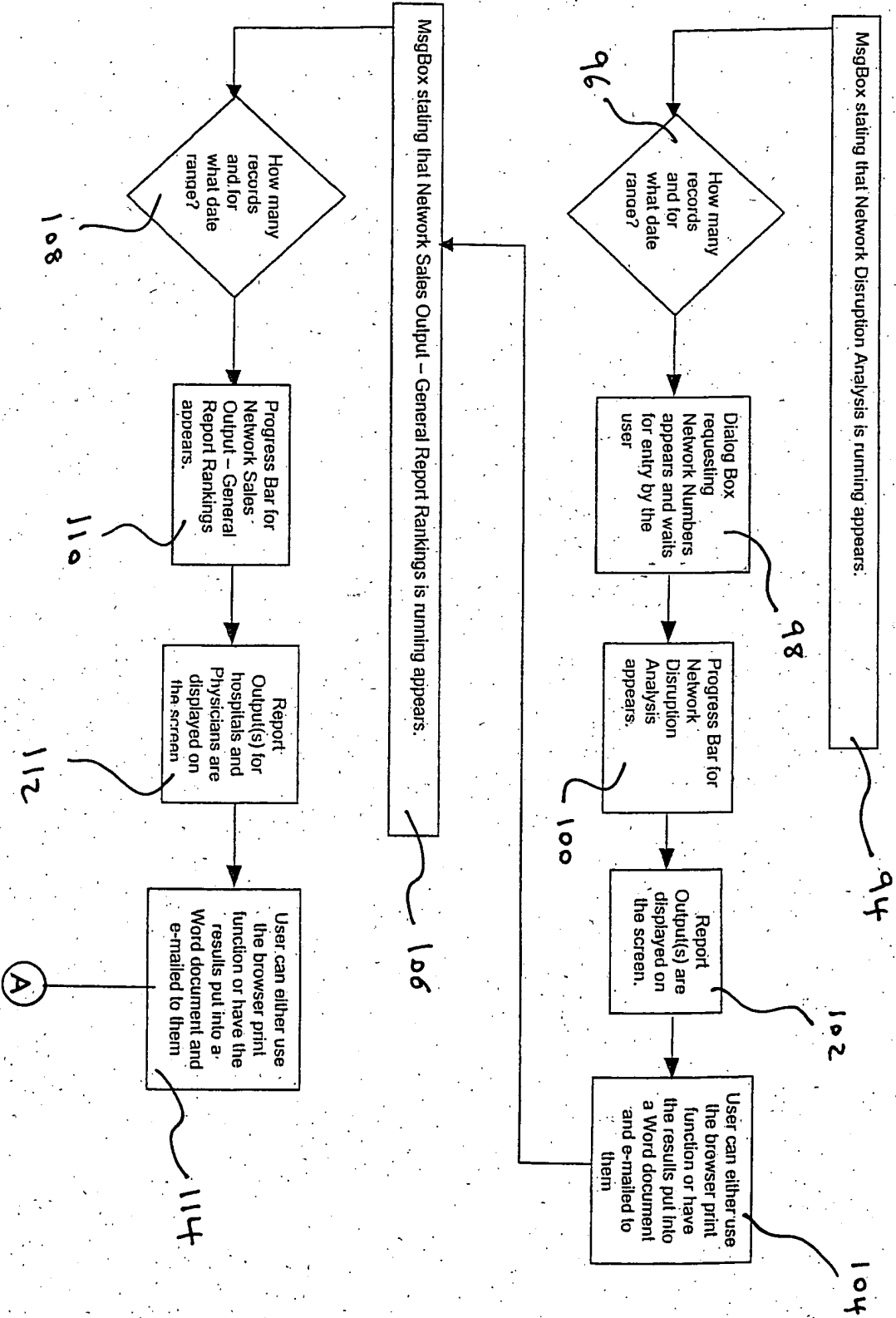


FIG. 3A

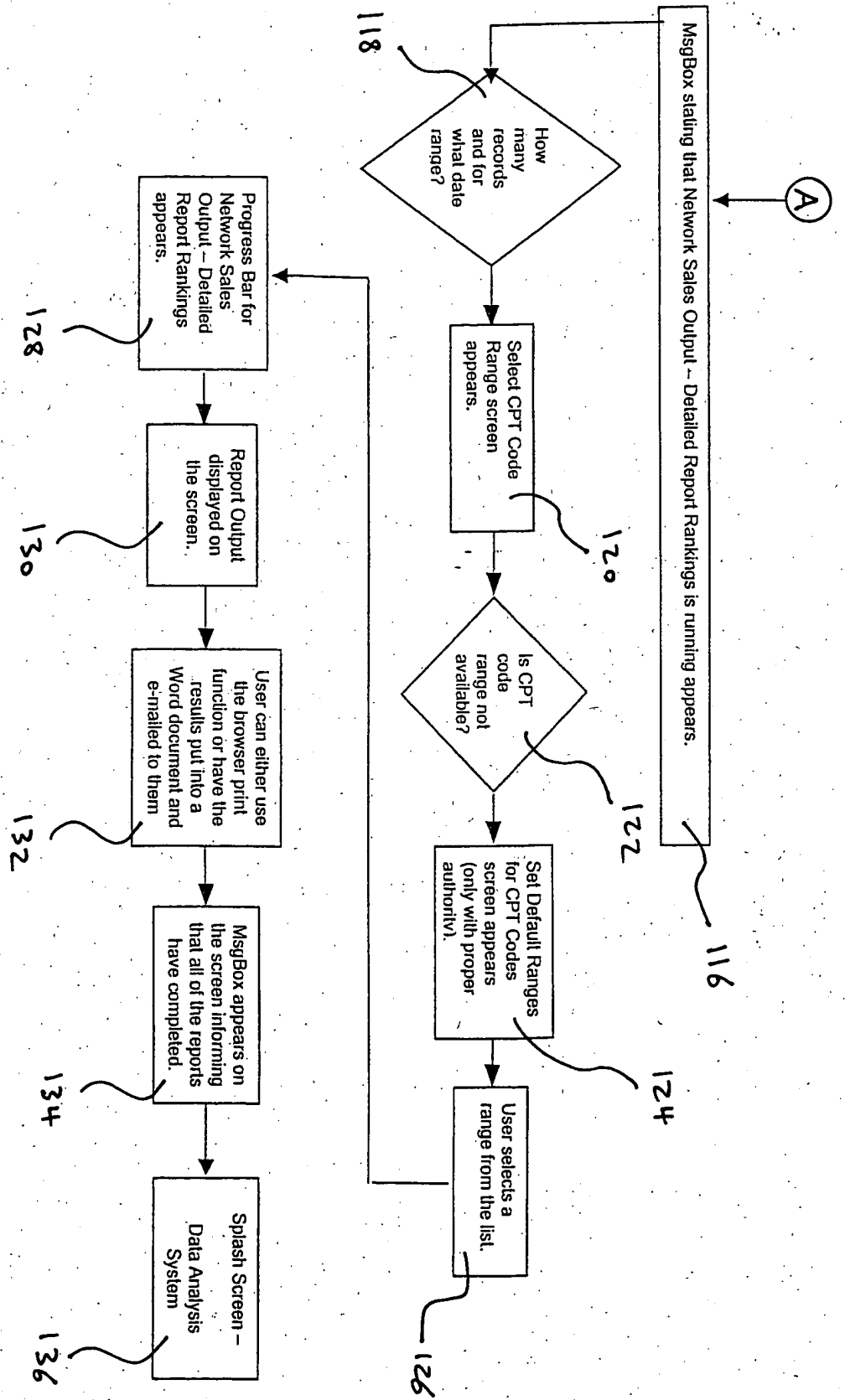


FIG. 3B

**Report Output for:
Network Selection Output Report for the State of ******

Network	Hosp	Physicians					Medical Labs	DME	Home Infusion	Rx
		PCP	Peds	OB/GYN	Other	Total				
100	65	47	30	30	110	217	10			
107	44	33	22	22	50	127				
110	25	20	20	20	20	80				

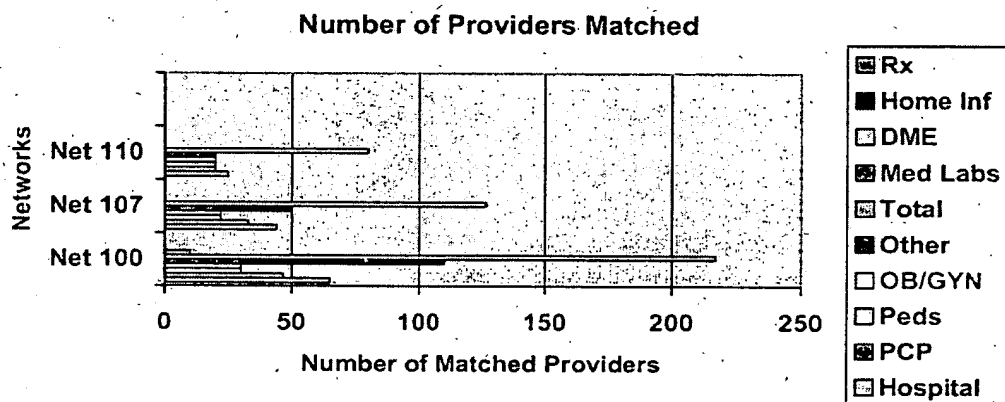


FIG. 4A

Report Output For:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering for the State of ** for**
Group ****
Number of Providers Matched

Network	Hospitals		Physicians		Total	
	# Matched	% Matched	# Matched	% Matched	# Matched	% Matched
100	30	30	50	50	80	40
101	40	40	40	40	80	40
102	50	50	60	60	110	55

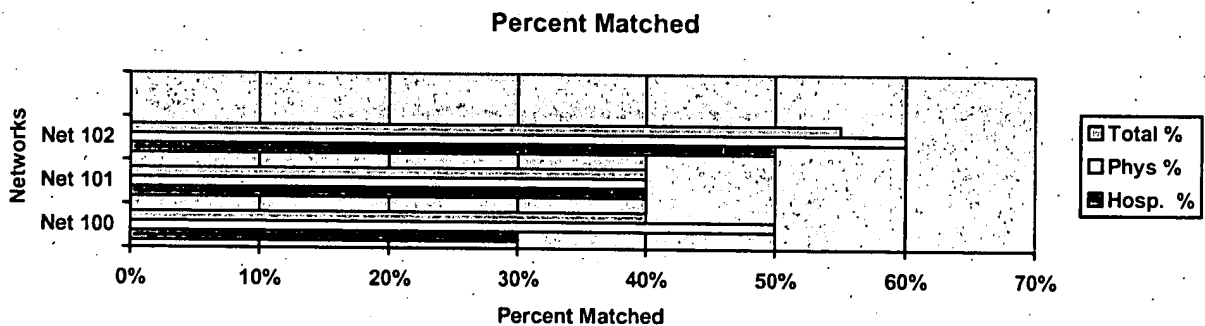
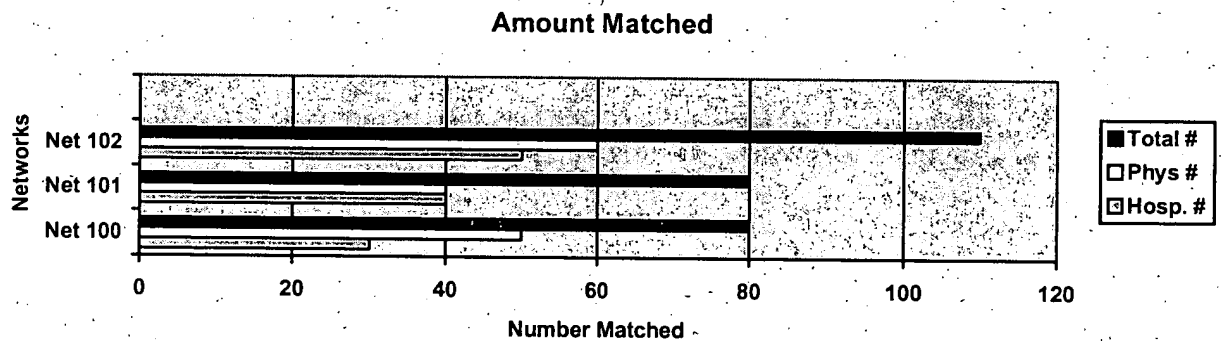


FIG. 4B

Report Output For:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering for the State of ****
Number of Dollars Matched

Network	Hospitals		Physicians		Total	
	Dollars Matched	%	Dollars Matched	%	Dollars Matched	%
100	\$ 30,000.00	30	\$ 30,000.00	30	\$ 60,000.00	30
101	\$ 70,000.00	70	\$ 20,000.00	20	\$ 90,000.00	45
102	\$ 40,000.00	40	\$ 90,000.00	90	\$ 130,000.00	65

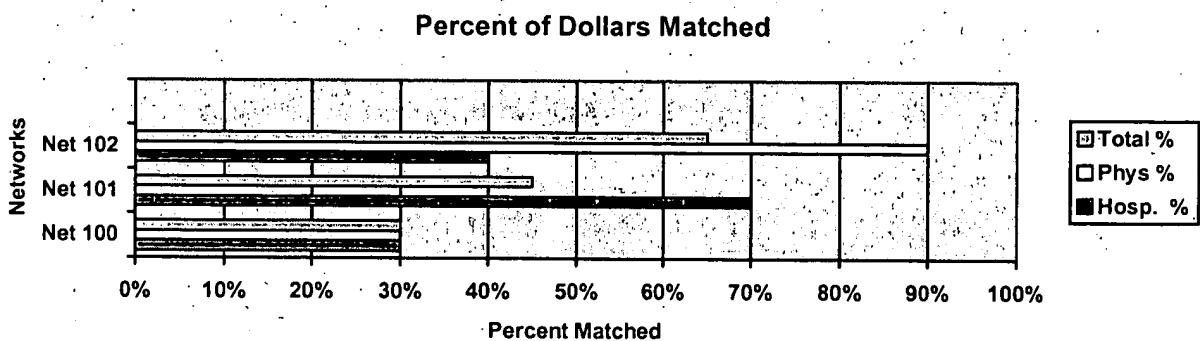
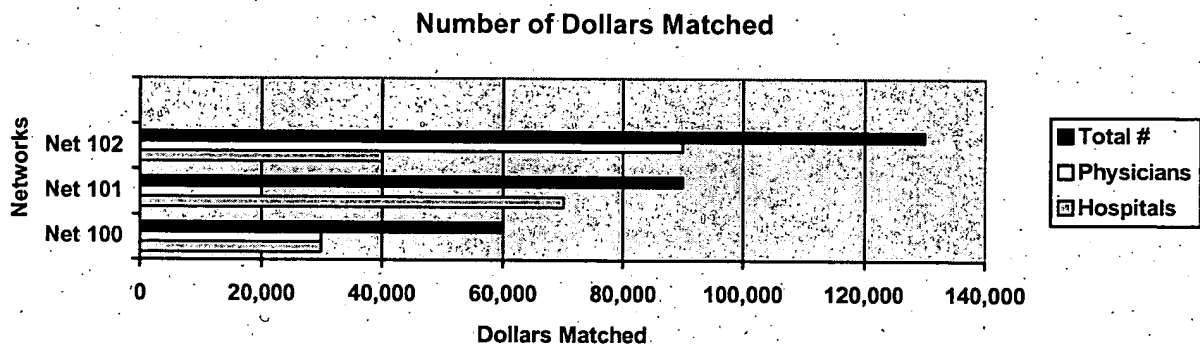
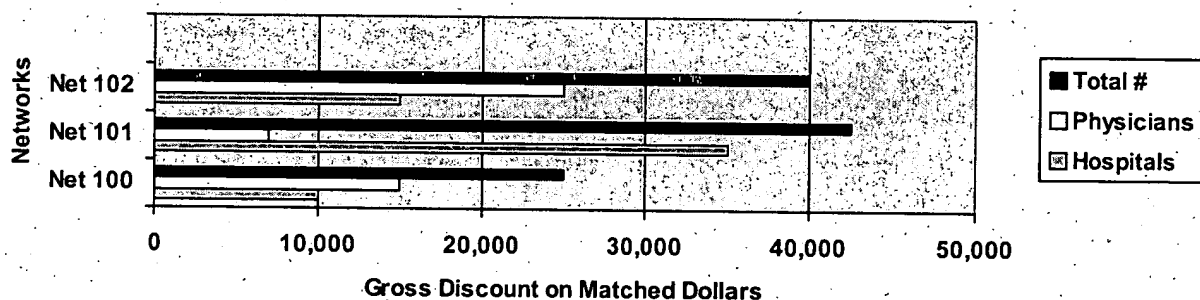


FIG. 4C

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering for the State of ****
Gross Discount on Matched Dollars

Network	Hospitals		Physicians		Total	
	Gross Discount	%	Gross Discount	%	Gross Discount	%
100	\$ 10,000.00	33.33	\$ 15,000.00	50	\$ 25,000.00	41.67
101	\$ 35,000.00	50	\$ 7,000.00	37.5	\$ 42,500.00	47.22
102	\$ 15,000.00	37.5	\$ 25,000.00	27.78	\$ 40,000.00	30.77

Gross Discount on Matched Dollars



Percent Discount on Matched Dollars

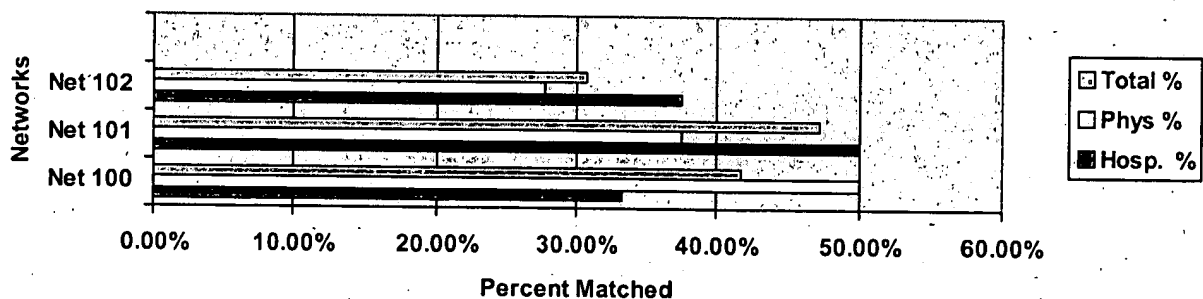
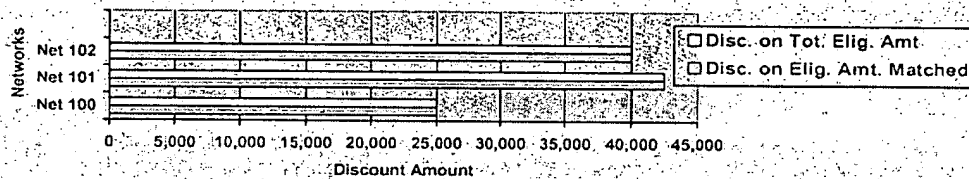


FIG. 4D

Report Output for:
Network Selection by Group Usage Pattern – Groups of 100+ with Claim
Records Output – Secondary Network Layering for the State of ****
Summary

Network	% Prov. Matched	% Eligible Amt. Matched	Disc on Elig. Amt. Matched	% Disc. Elig. Amt. Matched	Disc. on Tot. Elig. Amt.	% Disc Tot. Elig. Amt.
100	40	30	\$ 25,000.00	41.67	\$ 25,000.00	12
101	40	45	\$ 42,500.00	47.22	\$ 42,500.00	21.25
102	55	65	\$ 40,000.00	30.77	\$ 40,000.00	20

Summary



Percent Summary

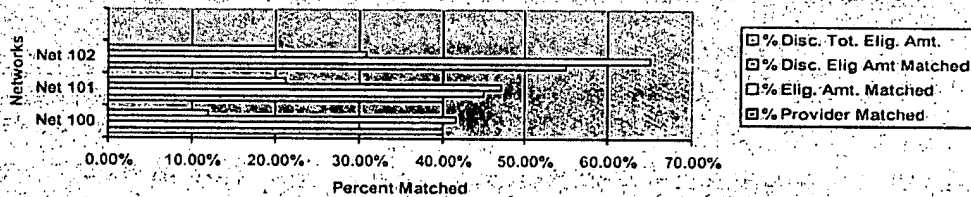


FIG. 4E

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Primary Network Selection in the State of ****
for Group ****
Number of Providers Matched

Network	Hospitals		Physicians		Total	
	# Matched	% Matched	# Matched	% Matched	# Matched	% Matched
100	30	30	50	50	80	40
101	40	40	40	40	80	40
102	50	50	60	60	110	55

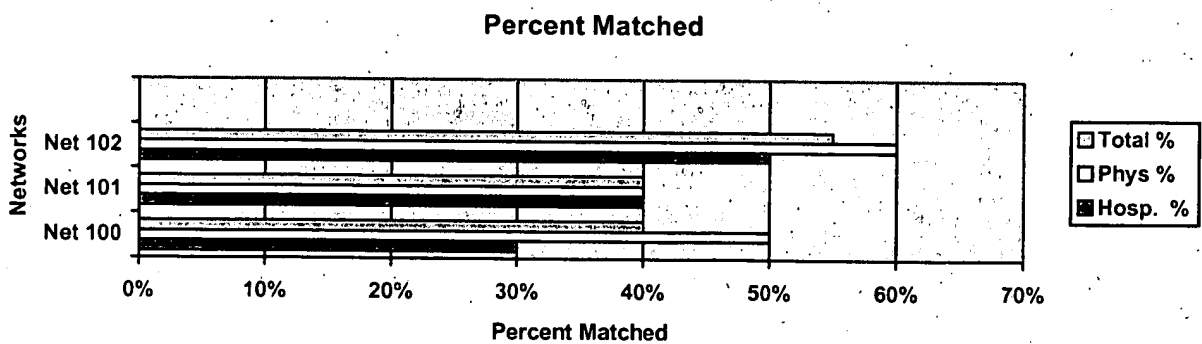
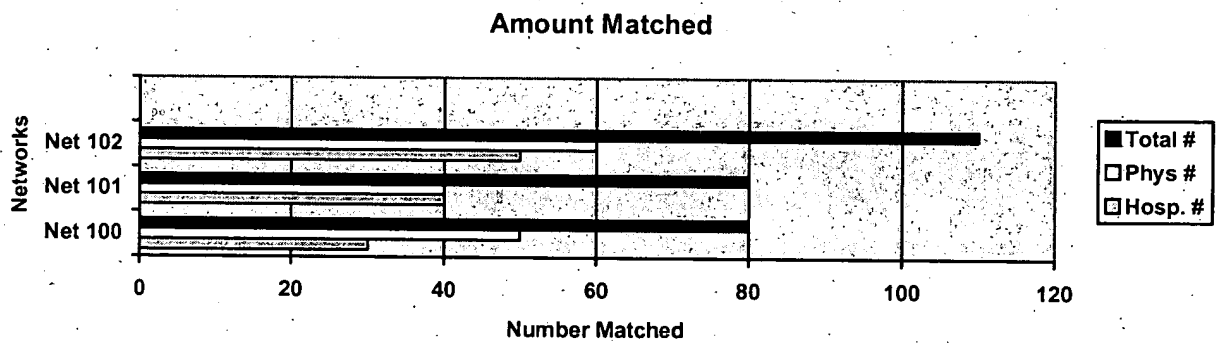


FIG. 4F

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Primary Network Selection for the State of ****
Primary Network Discounts

Network	Hospitals		Physicians		Total	
	Dollars Matched	%	Dollars Matched	%	Dollars Matched	%
100	\$ 30,000.00	30	\$ 30,000.00	30	\$ 60,000.00	30
101	\$ 70,000.00	70	\$ 20,000.00	20	\$ 90,000.00	45
102	\$ 40,000.00	40	\$ 90,000.00	90	\$ 130,000.00	65

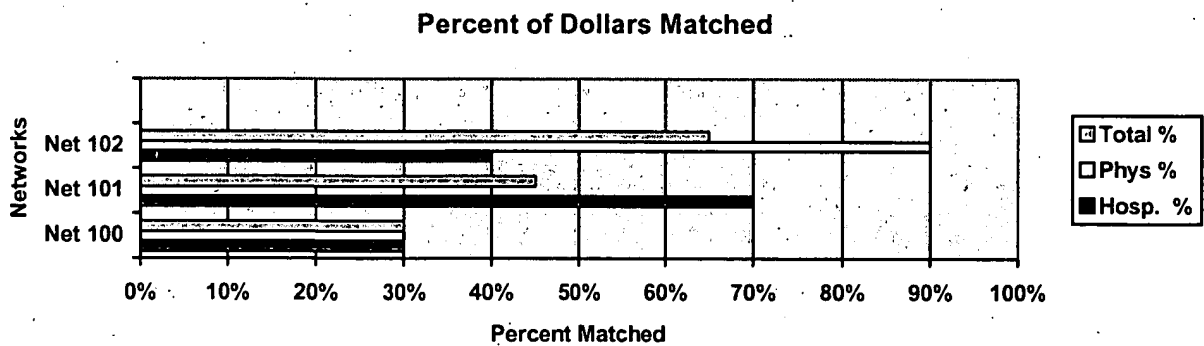
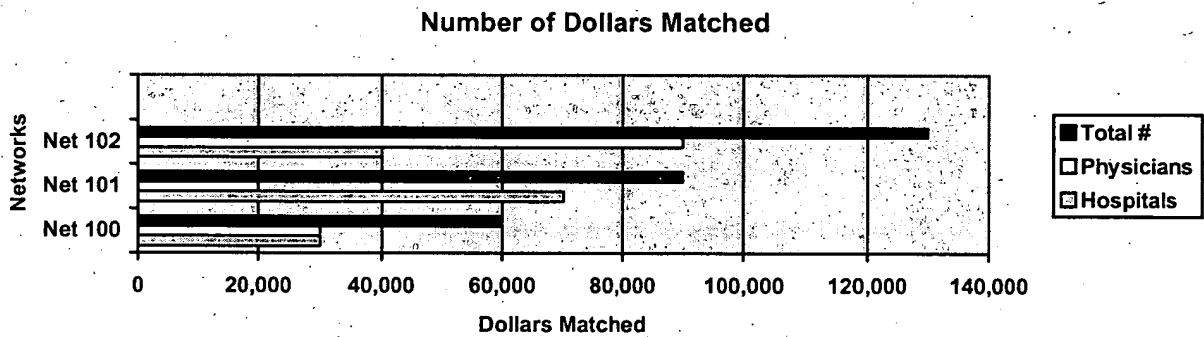
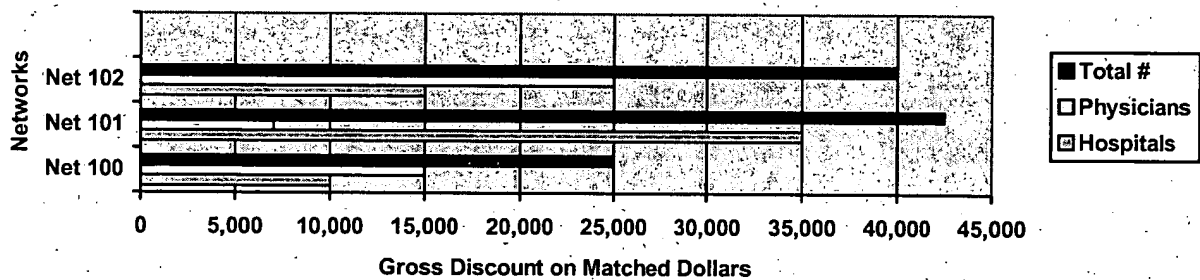


FIG. 4G

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Primary Network Selection for the State of ****
Gross Discount on Matched Dollars

Network	Hospitals		Physicians		Total	
	Gross Discount	%	Gross Discount	%	Gross Discount	%
100	\$ 10,000.00	33.33	\$ 15,000.00	50	\$ 25,000.00	41.67
101	\$ 35,000.00	50	\$ 7,000.00	37.5	\$ 42,500.00	47.22
102	\$ 15,000.00	37.5	\$ 25,000.00	27.78	\$ 40,000.00	30.77

Gross Discount on Matched Dollars



Percent Discount on Matched Dollars

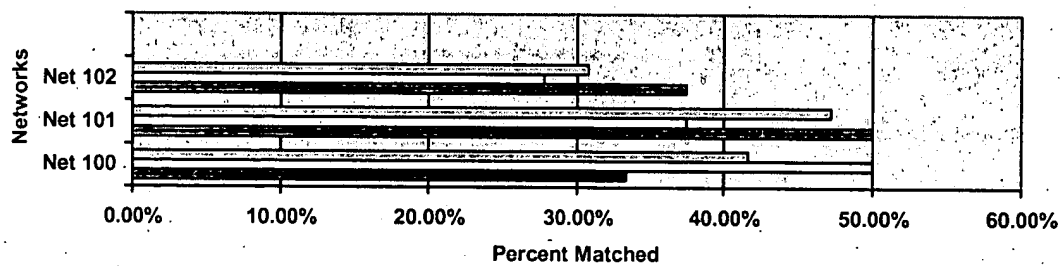


FIG. 4H

Report Output for:
Network Selection by Group Usage Pattern – Groups of 100+ with Claim
Records Output – Primary Network Selection for the State of ****
Summary

Network	% Prov Matched	% Eligible Amt Matched	Disc on Elig Amt Matched	% Disc Elig Amt Matched	Disc on Tot Elig Amt	% Disc Tot Elig Amt
100	40	30	\$25,000.00	41.67	\$ 25,000.00	12
101	40	45	\$42,500.00	47.22	\$ 42,500.00	21.25
102	55	65	\$40,000.00	30.77	\$ 40,000.00	20

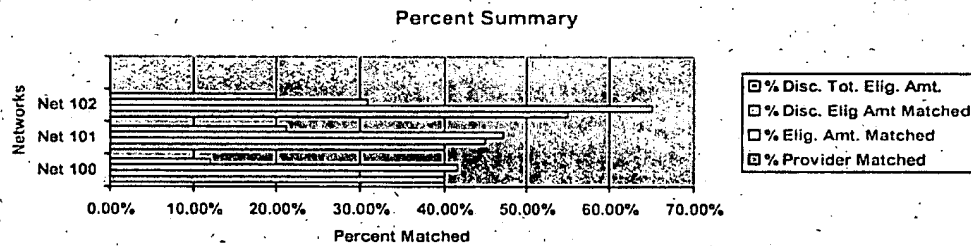
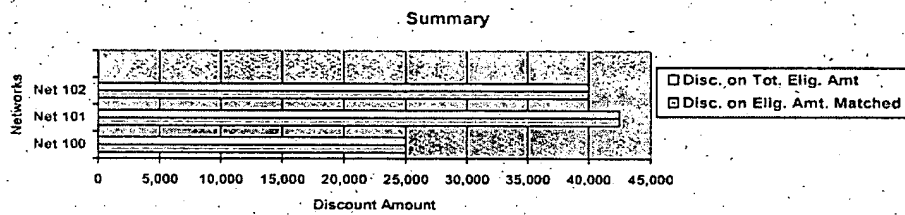


FIG. 4I

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering (Based on Primary
Network Selection) for the State of ** for Group ******
Number of Providers Matched

Network	Hospitals		Physicians		Total	
	# Matched	% Matched	# Matched	% Matched	# Matched	% Matched
100	30	30	50	50	80	40
101	40	40	40	40	80	40
102	50	50	60	60	110	55

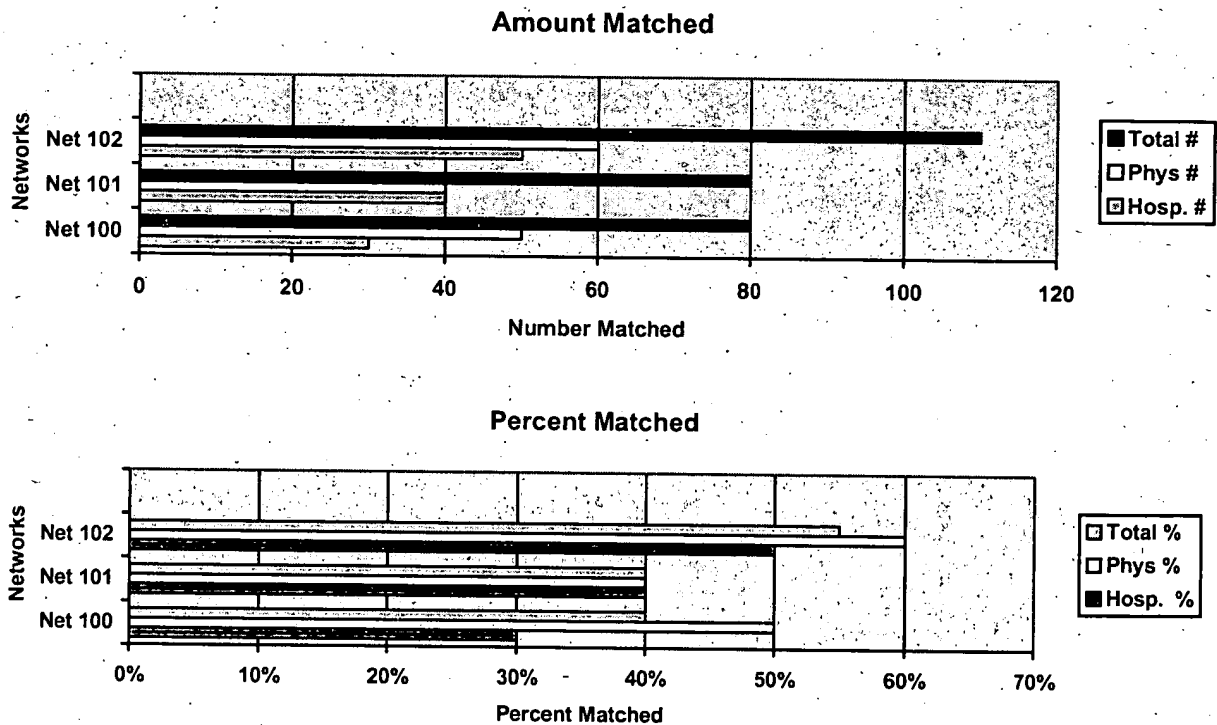


FIG. 4J

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering (Based on Primary
Network Selection) for the State of ** Primary Network Discounts**

Network	Hospitals		Physicians		Total	
	Dollars Matched	%	Dollars Matched	%	Dollars Matched	%
100	\$ 30,000.00	30	\$ 30,000.00	30	\$ 60,000.00	30
101	\$ 70,000.00	70	\$ 20,000.00	20	\$ 90,000.00	45
102	\$ 40,000.00	40	\$ 90,000.00	90	\$ 130,000.00	65

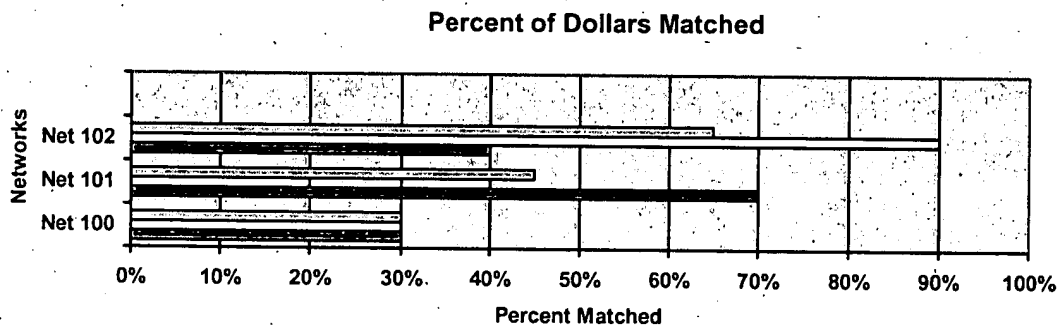
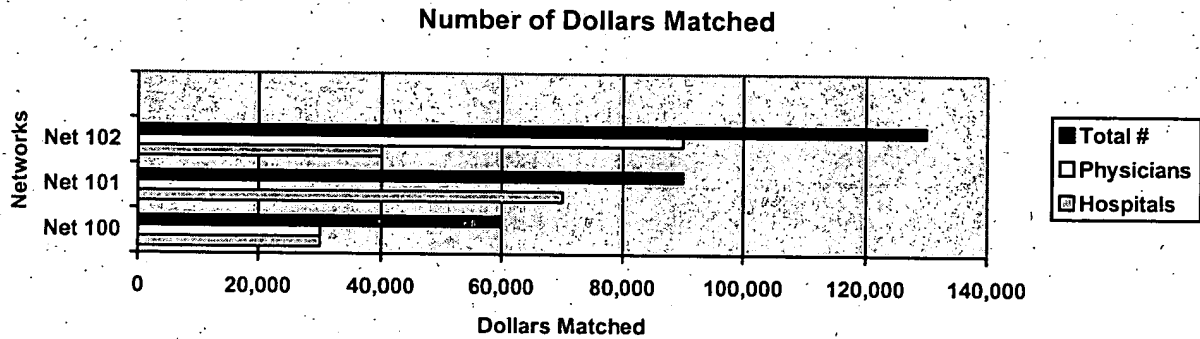
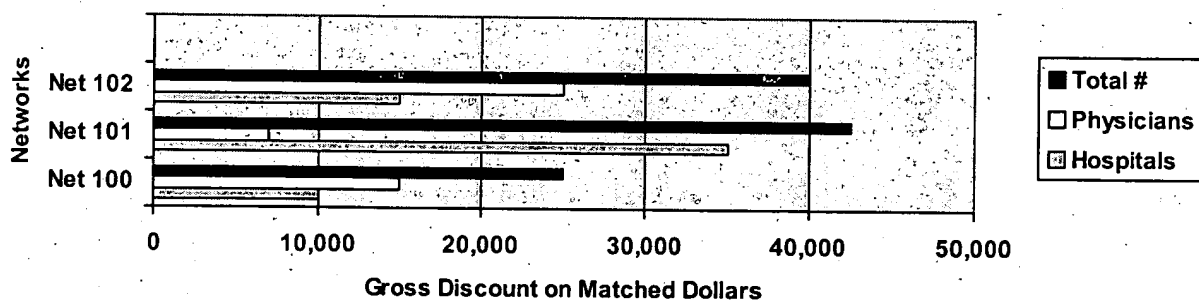


FIG. 4K

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering (Based on Primary
Network Selection) for the State of ** Gross Discount on Matched**
Dollars

Network	Hospitals		Physicians		Total	
	Gross Discount	%	Gross Discount	%	Gross Discount	%
100	\$ 10,000.00	33.33	\$ 15,000.00	50	\$ 25,000.00	41.67
101	\$ 35,000.00	50	\$ 7,000.00	37.5	\$ 42,500.00	47.22
102	\$ 15,000.00	37.5	\$ 25,000.00	27.78	\$ 40,000.00	30.77

Gross Discount on Matched Dollars



Percent Discount on Matched Dollars

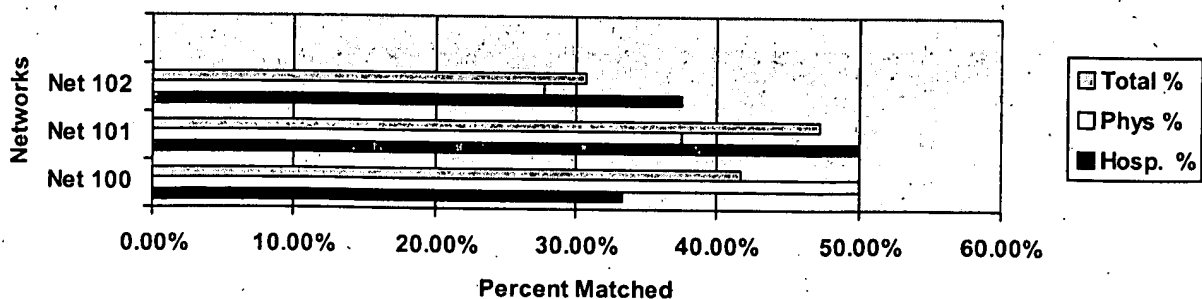


FIG. 4L

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering (Based on Primary
Network Selection) for the State of ****
Summary

Network	% Prov Matched	% Eligible Amt Matched	Disc on Elig Amt Matched	% Disc Elig Amt Matched	Disc on Tot Elig Amt	% Disc Tot Elig Amt
100	40	30	\$ 25,000.00	41.67	\$ 25,000.00	12
101	40	45	42,500.00	47.22	\$ 42,500.00	21.25
102	55	65	40,000.00	30.77	\$ 40,000.00	20

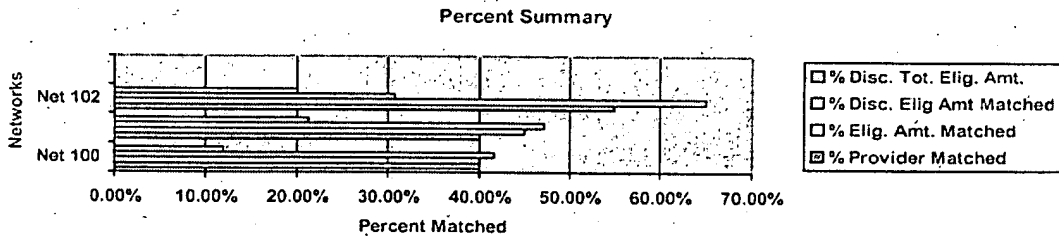
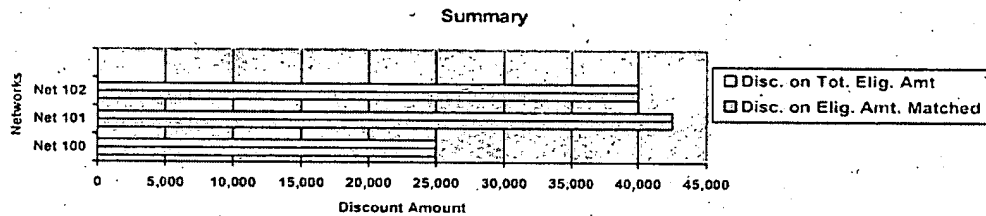


FIG. 4M

Report Output for:
Network Selection by Employee Survey – Groups of <100 Without
Claim Records Output Report for the State of ****
Primary Network Modeling for Group ****

Network	Hospitals Matched	Physicians					
		PCP	Peds	OB/GYN	Other	Total	Total %
100	30	47	30	30	110	217	12.25%
107	17	33	22	22	50	127	17%
110	25	20	20	20	20	80	32.20%

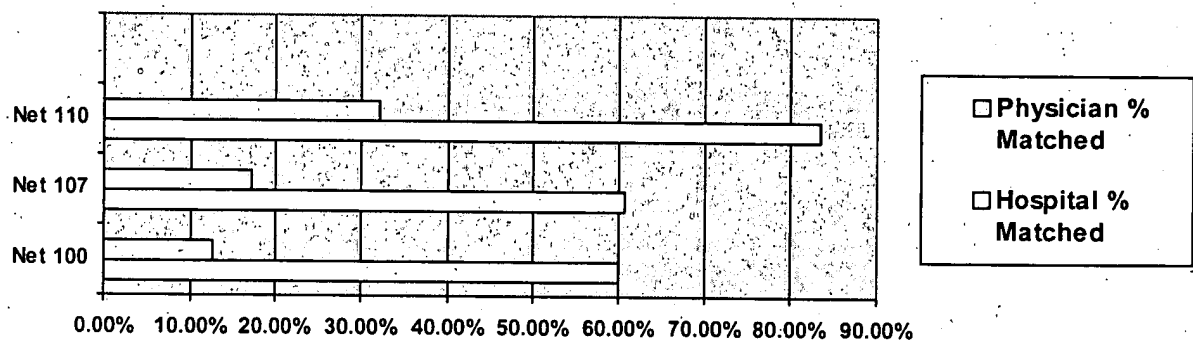
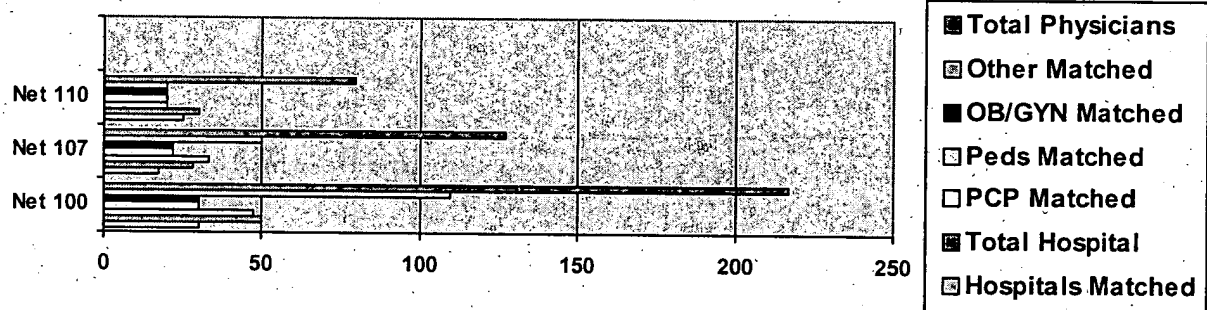


FIG. 4N

Report Output for:
Network Selection by Employee Survey – Groups of <100 Without
Claim Records Output Secondary Network Modeling (Based on
Primary Network Selection) for Network ** in the State of ******

Network	Hospitals Matched	Hospital Totals	Total % Matched	Physicians					
				PCP	Peds	OB/GYN	Other	Total	Total %
100	30	50	60 %	47	30	30	110	217	12.25%
107	17	28	60.72%	33	22	22	50	127	17%
110	25	30	83.33%	20	20	20	20	80	32.20%

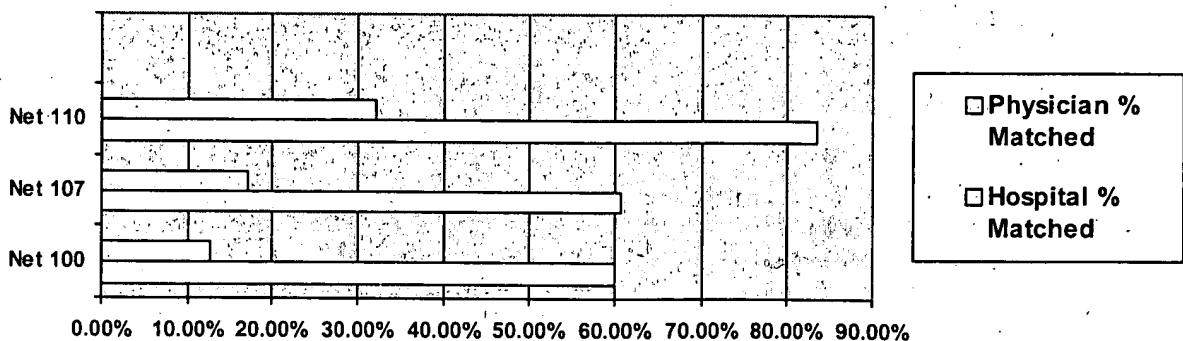
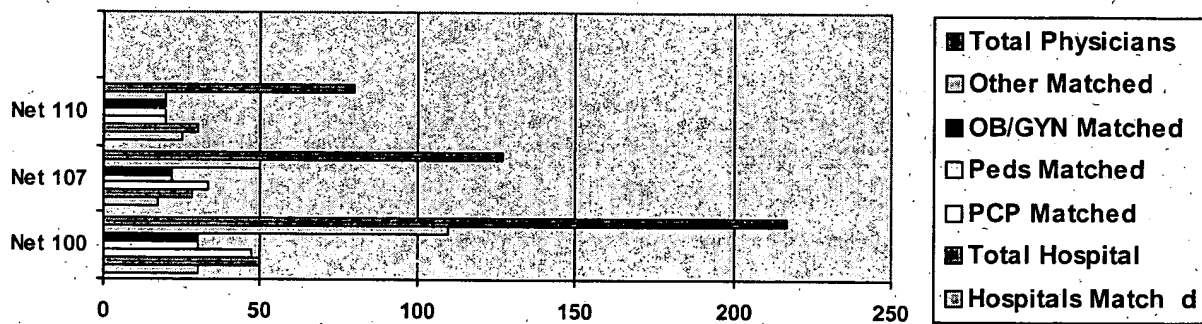


FIG. 4 O

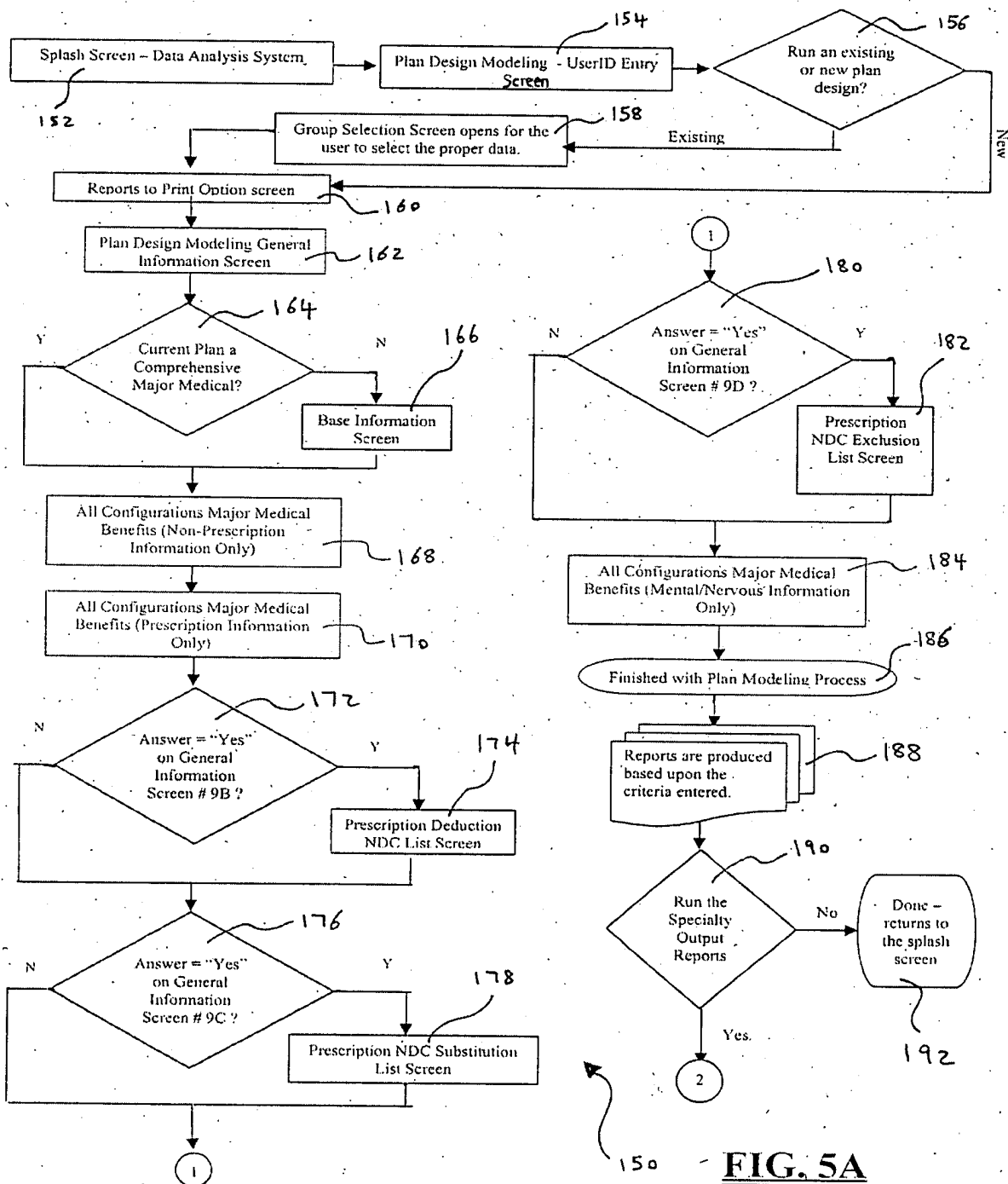


FIG. 5A

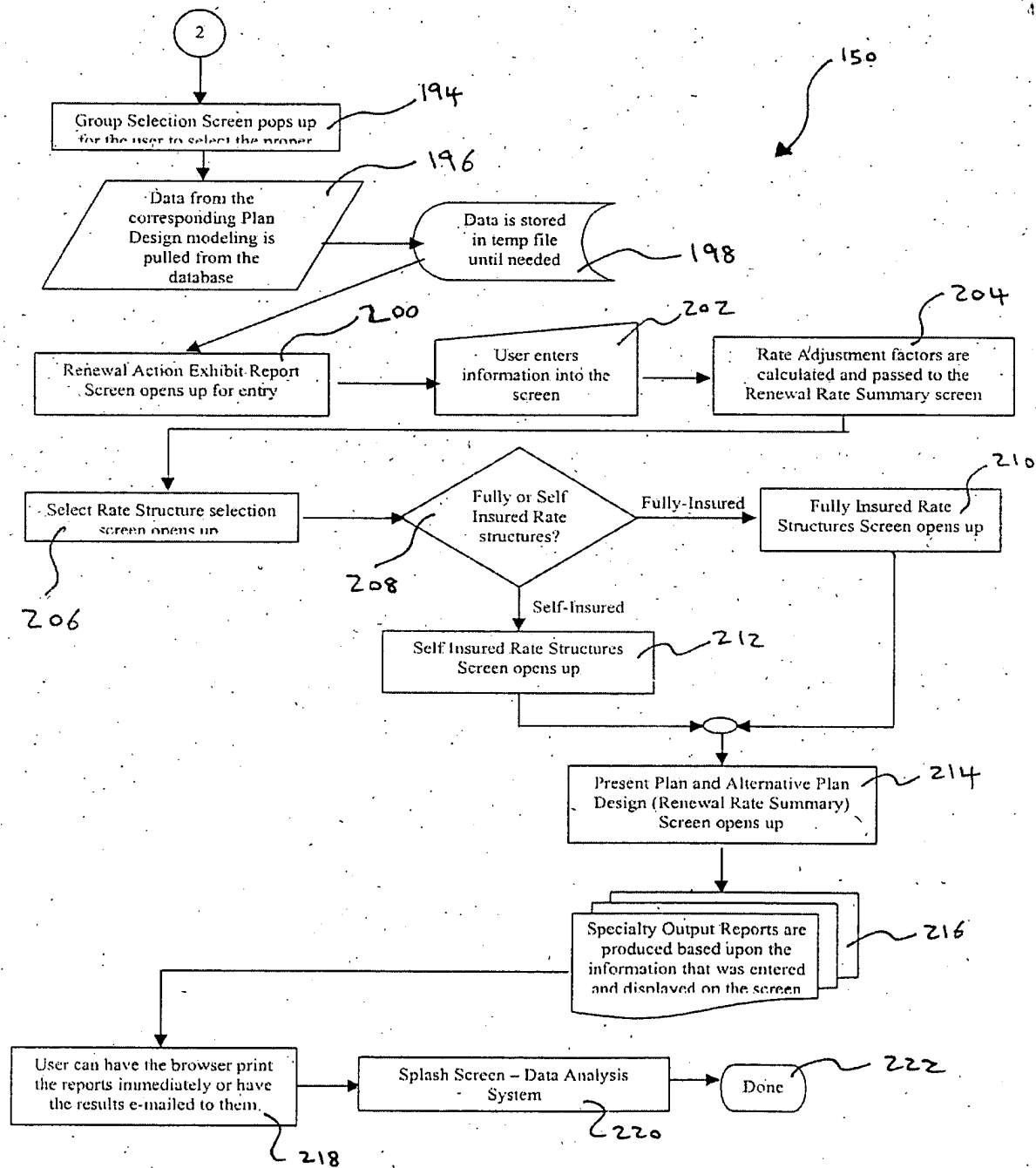


FIG. 5B

General Information				
Network: <input type="text"/>		Date From: 05/01/1999 To: 05/31/1999		
1. Plan Configuration	Current Plan: <input type="radio"/> Base + MM <input checked="" type="radio"/> CMM		Modeled Plan: <input type="radio"/> Base + MM <input checked="" type="radio"/> CMM	
2. Deductible Buckets	<input type="radio"/> Integrated <input checked="" type="radio"/> Non-Integrated 2a. Deductible Integration Flow <input type="checkbox"/> Upward <input type="checkbox"/> Downward		<input type="radio"/> Integrated <input checked="" type="radio"/> Non-Integrated <input type="checkbox"/> Upward <input type="checkbox"/> Downward	
3. Co-Insurance Buckets	<input checked="" type="radio"/> Integrated <input type="radio"/> Non-Integrated 3a. Co-Insurance Integration Flow <input checked="" type="checkbox"/> Upward <input type="checkbox"/> Downward		<input checked="" type="radio"/> Integrated <input type="radio"/> Non-Integrated <input checked="" type="checkbox"/> Upward <input checked="" type="checkbox"/> Downward	
4. CoPay Accumulates To	<input checked="" type="checkbox"/> Deductible <input type="checkbox"/> Co-insurance		<input checked="" type="checkbox"/> Deductible <input checked="" type="checkbox"/> Co-insurance	
5. MN/AD Max IP/Year	<input type="text" value="30"/> Days \$ <input type="text" value="30,500.00"/>		<input type="text" value="120"/> Days \$ <input type="text" value="60,000.00"/>	
6. MN/AD OP Benefits /Year	<input type="text" value="30"/> Visits/Year \$ <input type="text" value="100,000.00"/>		<input type="text" value="90"/> Visits/Year \$ <input type="text" value="150,000.00"/>	
6a. Applies to Deductible	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
6b. Applies to Co-Insurance Expense Limit	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No	
7. Emergency Benefits /Year	<input type="text" value="12"/> Visits/Year \$ <input type="text" value="10,000.00"/>		<input type="text" value="12"/> Visits/Year \$ <input type="text" value="10,000.00"/>	
7a. Applies to Deductible	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No	
7b. Applies to Co-Insurance Expense Limit	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
8. Chiropractic Benefits /Year	<input type="text"/> Visits/Year \$ <input type="text"/>		<input type="text"/> Visits/Year \$ <input type="text"/>	
8a. Applies to Deductible	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
8b. Applies to Co-Insurance Expense Limit	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
9. Prescription Drugs	<input checked="" type="checkbox"/> MM Benefit <input type="checkbox"/> Prescription Plan		<input type="checkbox"/> MM Benefit <input checked="" type="checkbox"/> Prescription Plan	
9a. Type of Prescription Plan	<input checked="" type="checkbox"/> MM Benefit <input type="checkbox"/> Prescription Plan		<input type="checkbox"/> MM Benefit <input checked="" type="checkbox"/> Prescription Plan	
9b. If Both, Deductible applies to Separate List	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
9c. Prescription NDC Substitution List	<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
9d. Prescription NDC Exclusion List	<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	

FIG. 6A

Base Information

Fill in the Base Insurance Amounts for each Column. Apply in-patient Claims to this screen. All other claims are to be applied to the "All Configurations MM Benefits Screen"

	Current Plan/Network			Modeled Plan/Network		
	PCP	Network	Non-Network	PCP	Network	Non-Network
1. Hospital R & B						
1a. Max Daily Benefits						
1b. Max Benefits Period						
2. ICU & CCU R & B						
2a. Max Daily Benefits						
2b. Max Benefits Period						
3. External Care Facility						
3a. Max Daily Benefits						
3b. Max Benefits Period						
4. Maximum Misc. IP Hospital Expenses						
5. Maximum Surgical Expense						
6. Maximum Assistant Surgeon						
7. Maximum Misc. OP Hospital Expenses						

FIG. 6B

All Configurations - MM Benefits (Non-Prescription Information)						
	Current Plan			Modeled Plan		
	PCP	Network	Non-Network	PCP	Network	Non-Network
1. Deductible						
2. Family Deductible						
3a. In-Hospital Deductible						
3b. Max. In-Hosp Deduct Per Yr per Person						
3c. Max. In-Hosp Deduct Per Yr per Family						
4a. In-Hospital CoPay Per Day						
4b. Max In-Hosp CoPay/Days per Yr/ Person						
4c. Max In-Hosp CoPay/Days per Yr/Family						
5. Co-Insurance %						
6. Max Ind. Co-Insurance Expense Level						
7. Max. Family Co-Insurance Expense Level						
8. MD OV %						
9. MD OV CoPay						
Routine Care						
<input type="radio"/> State Mandated						
<input type="radio"/> None						
<input type="radio"/> Other <input type="text"/>						
10. Ann Physical Exam %						
11. Ann Physical Exam CoPay						
12. Ann Physical Exam Max						
13. S.A. Benefit Max						
14. Emergency - ER Co-Insurance %						
15. Emergency - ER Ded/CoPay						
16. Routine - ER Co-Insurance %						
17. Routine - ER Ded/CoPay						
18. DME Co-Insurance %						
19. Chiropractic Co-Insurance %						
20. Chiropractic CoPay						
21. Chiropractic Benefit Maximum						

FIG. 6C

All Configurations - MM Benefits (Prescriptions Only)

	Current Plan						Modeled Plan					
1. Prescription Drug Plan												
1a. Annual per Person	Deductible		Max. Benefit				Deductible		Max. Benefit			
1b. Annual per Family												
1c. Co-Insurance %												
2. Retail Drug Card	Generic	F-Gen	Brand	F-Brand	Pref F-Brand	Non-Net	Generic	F-Gen	Brand	F-Brand	Pref F-Brand	Non-Net
2a. Co-Insurance %												
2b. CoPay												
2c. Administration Fee												
2d. Dispensing Fee												
2e. Discount % (AWP/MAC)												
3. Mail Order Service												
3a. Co-Insurance %												
3b. CoPay												
3c. Administration Fee												
3d. Dispensing Fee												
3e. Discount % (AWP/MAC)												

FIG. 6D

All Configurations - MM Benefits (Mental/Nervous Information)						
	Current Plan			Modeld Plan		
	PCP	Network	Non-Network	PCP	Network	Non-Network
Mental Health Chemical Dependency						
1. MNVAD Annual Deductible						
2. MNVAD OP Co-Insurance %						
3. MNVAD OP OV CoPay - Individual						
4. MNVAD OP OV CoPay - Group						
5. MNVAD OP Annual Benefit Maximum						

FIG. 6E

Renewal Action Exhibit							
Group:	ABC CORPORATION			Experience Period:	05/01/1997	To:	05/01/1998
	Medical	Dental	Vision	STD	LTD	Life	Total
Paid Claims	\$3,531,507	\$164,447	\$0	\$0	\$0	\$0	\$3,695,954
Adj. (+/-) Proj from Network Changes	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Adj. (+/-) Proj from Benefit Changes	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Adj. (+/-) from Reserve Changes	\$178,694	\$3,289	\$0	\$0	\$0	\$0	\$181,983
Discretionary Und Adj (+/-)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$3,710,201	\$167,736	\$0	\$0	\$0	\$0	\$3,877,937
Standard Claims	\$3,710,201	\$167,736	\$0	\$0	\$0	\$0	\$3,877,937
Experience Credibility Factor	100.00%	100.00%	000.00%	000.00%	000.00%	000.00%	100.00%
Credible Incurred Claims	\$3,710,201	\$167,736	\$0	\$0	\$0	\$0	\$3,877,937
Trend Factor	1.20%	1.00%	000.00%	000.00%	000.00%	000.00%	000.00%
Monthly Trend	13	13	00	00	00	00	00
Months of Trend	15.6%	13.0%	000.00%	000.00%	000.00%	000.00%	15.49%
Applicable Trend Factor							
Projected Incurred Claims	\$4,288,992	\$189,542	\$0	\$0	\$0	\$0	\$4,478,629
Retention	\$445,463	\$18,045	\$0	\$0	\$0	\$0	\$463,508
Projected Premium Needed	\$4,734,445	\$207,587	\$0	\$0	\$0	\$0	\$4,942,137
Premium at Current Rates	\$4,636,547	\$166,173	\$0	\$0	\$0	\$0	\$4,802,720
Rate Adjustment Factor	102.11%	124.92%	000.00%	000.00%	000.00%	000.00%	102.90%

FIG. 6F

Present Plan & Alternative Plan Design (Renewal Rate Summary)

Present Plan		Medical	Dental	Vision	STD	LTD	Life
Present Rates	S	180.02	7.12	000.00	000.00	000.00	000.00
	F	521.34	21.23	000.00	000.00	000.00	000.00

Renewal Rates		Rate Adjustment Factors						Medical	Dental	Vision	STD	LTD	Life
		Medical	Dental	Vision	STD	LTD	Life						
Renewal Rates	S	102.11%	124.92%	000.00%	000.00%	000.00%	000.00%	194.03	8.89	000.00	000.00	000.00	000.00
	F							532.34	26.52	000.00	000.00	000.00	000.00

Alternative Plan Designs		Rate Adjustment Factors						Medical	Dental	Vision	STD	LTD	Life
		Medical	Dental	Vision	STD	LTD	Life						
\$500 Chiropractic Calendar Year Max 80%/70% Coinsurance, \$15 CoPay	S	100.73%	124.92%	000.00%	000.00%	000.00%	000.00%	192.70	8.89	000.00	000.00	000.00	000.00
	F							528.69	26.52	000.00	000.00	000.00	000.00
\$10 Office Visit CoPay 80% Coinsurance	S	101.52%	124.92%	000.00%	000.00%	000.00%	000.00%	191.41	8.89	000.00	000.00	000.00	000.00
	F							525.15	26.52	000.00	000.00	000.00	000.00
\$10 Office Visit CoPay 90% Coinsurance	S	97.31%	124.92%	000.00%	000.00%	000.00%	000.00%	184.91	8.89	000.00	000.00	000.00	000.00
	F							507.52	26.52	000.00	000.00	000.00	000.00

Add New Plan Design

FIG. 6G

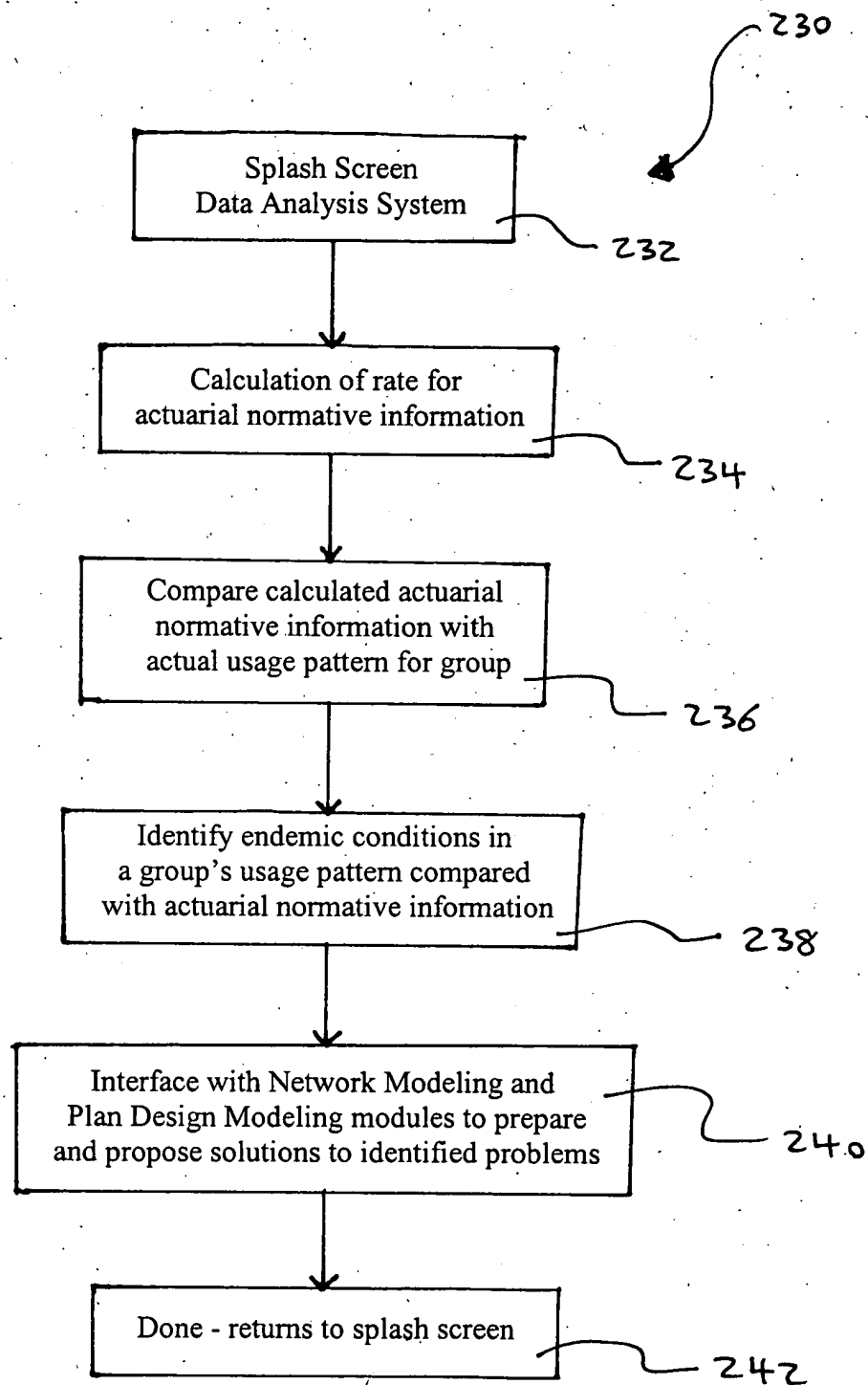


FIG. 7